

Step By Step Instructions for Active TB Case

(Adopted 8/09 from document created by Diane Poulson, RN, Bear River Health Dept.)

Start Immediately

1. Confirm patient information:
 - a. Name
 - b. Address
 - c. Phone
 - d. Date of birth
 - e. Language spoken
 - f. Health insurance information (copy card if possible or get Medicaid number)
 - g. Date and results of TB skin test or QFT (preferable, but not required if cultures are positive, unless diagnosis is questionable)
 - h. Date and results of CXR
 - i. Clinical signs and symptoms
 - j. Employment
 - k. If person is foreign-born, get date and place they entered the U.S.
2. Report suspect case to:
 - a. Supervisor and/or their designee
 - b. UDOH TB Control program
3. Interview patient within 3 days and do these things: **(Use a respirator for this, and all visits if/while patient is infectious.) (If patient is hospitalized, ensure the following and instruct the facility not to discharge patient until planning is coordinated with the health dept., to provide a stable environment, without putting children < 5 or immunocompromised at risk.)**
 - a. Initiate airborne isolation if necessary (can discontinue after 3 consecutive negative smears); if sputum smear positive and not hospitalized, consult with UDOH to determine if and where isolation may be necessary
 - b. Confirm again above information
 - c. Assess need for incentives and financial assistance, but don't promise anything until discussed with UDOH
 - d. Provide education to patient and family re: infection control, TB 101, meds, DOT/compliance, screening of contacts
 - e. Give patient surgical masks to wear if necessary
 - f. Patient's medical history, including previous TB treatment (need weight for medication Rx)
 - g. List of other medications patient is on; allergies
 - h. Give patient containers for 3 sputums to be collected at least 8 hours apart, with at least one early morning sample; (see UDOH TB Program Manual for further instruction on sputum collection and submission)
 - i. Baseline visual acuity/color blindness test (related to Ethambutol)
 - j. CBC, platelets, uric acid, LFT, HIV tests
 - k. Have patient sign consent for TB treatment and DOT contract
 - l. Get orders for 4 medications
 1. Isoniazid
 2. Rifampin
 3. Ethambutol
 4. Pyrazinamide
4. Notify the patient's physician of patient's medications and condition

Contact Investigations *(If patient is not a pulmonary case, only the household should be tested, and second test for negatives is not necessary. If the patient is <5, do a source case investigation regardless of site of disease.)*

1. Collect information on patient's contacts within 3 days and complete investigation within 14 days
2. Do TB skin tests on all close contacts (including workplace) and, if negative (< 5mm), again in 8-10 weeks

3. Evaluate for active TB and start prophylaxis treatment on children under age 5 or immunosuppressed, even if skin test is negative. Can discontinue treatment if second skin test in 8 weeks is negative.
4. Expand investigation if needed (consult with UDOH TB Program may be helpful)
5. Submit Interjurisdictional Notification to UDOH on contacts not in your jurisdiction
6. Start contacts on INH if TB skin test positive, after active disease is ruled out
7. Send contact investigation report to UDOH at 30 days, 120 days and the end of treatment

Continuing and completing treatment

1. Monitor for drug side effects; check LFTs and weight monthly
2. Get MD orders to stop Ethambutol if pansensitive, then stop PZA after 2 months, continuing 2-drug regime (notify UDOH of all medication changes)
 1. Isoniazid
 2. Rifampin
3. For pulmonary, collect sputums weekly until sputums are negative, then monthly until cultures convert, and then every few months thereafter
4. If conversion takes over 2 months, and/or disease is cavitary or extensive, then extend total treatment to 9 months instead of 6 months, with MD order
5. If case was pulmonary, do a CXR and sputum after treatment is complete
6. Notify UDOH when treatment is complete, include number of doses of medication
7. Send post treatment evaluation and final contact investigation record to UDOH